

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 30
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560																					
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>6</td></tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	5		2	0	1	6														

Full Name of Payee CONSOLIDATED MAILING SERVICES		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>6</td></tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	5		2	0	1	6														
Mailing Address 504 SHAW RD SUITE 206		Amount <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>8</td><td>4</td><td>3</td><td>9</td><td>.</td><td>4</td><td>0</td></tr> </table>		8	4	3	9	.	4	0													
8	4	3	9	.	4	0																	
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.56578																				
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>6</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	5		2	0	1	6														
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:																				
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin-left:10px"> <tr><td>1</td><td>3</td><td>6</td><td>3</td><td>5</td><td>1</td><td>.</td><td>7</td><td>4</td></tr> </table>	1	3	6	3	5	1	.	7	4	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶											
1	3	6	3	5	1	.	7	4															

Full Name of Payee CONSOLIDATED MAILING SERVICES		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>6</td></tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	6
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0	6		1	5		2	0	1	6														
Mailing Address 504 SHAW RD SUITE 206		Amount <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>8</td><td>1</td><td>.</td><td>9</td><td>0</td></tr> </table>		8	1	.	9	0															
8	1	.	9	0																			
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.56583																				
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>6</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	5		2	0	1	6														
Name of Federal Candidate THOMAS EARL JR. EMMER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN																				
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin-left:10px"> <tr><td>3</td><td>1</td><td>3</td><td>3</td><td>.</td><td>9</td><td>4</td></tr> </table>	3	1	3	3	.	9	4	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶													
3	1	3	3	.	9	4																	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin-left:10px"> <tr><td>8</td><td>5</td><td>2</td><td>1</td><td>.</td><td>3</td><td>0</td></tr> </table>	8	5	2	1	.	3	0
8	5	2	1	.	3	0		
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="display:inline-table; margin-left:10px"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>							
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin-left:10px"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>							

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

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Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	6

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 30
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 06 / 15 / 2016

Full Name of Payee CONSOLIDATED MAILING SERVICES		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2016
Mailing Address 504 SHAW RD SUITE 206		Amount 15.62
City STERLING	State VA	Zip Code 20166
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Transaction ID : SE.56584 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2016
Name of Federal Candidate RYAN K ZINKE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
		3067.67

Full Name of Payee CONSOLIDATED MAILING SERVICES		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2016
Mailing Address 504 SHAW RD SUITE 206		Amount 27.84
City STERLING	State VA	Zip Code 20166
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Transaction ID : SE.56585 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2016
Name of Federal Candidate BENJAMIN E SASSE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶
		2697.54

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	43.46
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 06 / 15 / 2016

Full Name of Payee CONSOLIDATED MAILING SERVICES		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2016
Mailing Address 504 SHAW RD SUITE 206		Amount 20.91
City STERLING	State VA	Zip Code 20166
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Transaction ID : SE.56586 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2016
Name of Federal Candidate KELLY A AYOTTE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
		1808.41

Full Name of Payee CONSOLIDATED MAILING SERVICES		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2016
Mailing Address 504 SHAW RD SUITE 206		Amount 178.25
City STERLING	State VA	Zip Code 20166
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Transaction ID : SE.56587 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2016
Name of Federal Candidate ROB PORTMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
		1965.75

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	199.16
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee CONSOLIDATED MAILING SERVICES		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2016	
Mailing Address 504 SHAW RD SUITE 206		Amount 200.99	
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.56588
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2016	
Name of Federal Candidate PATRICK JOSEPH TOOMEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1988.48	

Full Name of Payee CONSOLIDATED MAILING SERVICES		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2016	
Mailing Address 504 SHAW RD SUITE 206		Amount 72.47	
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.56589
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2016	
Name of Federal Candidate TIMOTHY E SCOTT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		27409.04	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	273.46
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 5 OF 30
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NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	

Full Name of Payee CONSOLIDATED MAILING SERVICES		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 504 SHAW RD SUITE 206		Amount 376.82	
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.56590
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate WILLIAM HURD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		28581.54	

Full Name of Payee CONSOLIDATED MAILING SERVICES		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 504 SHAW RD SUITE 206		Amount 39.01	
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.56591
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		27280.14	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	415.83
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y 06 / 15 / 2016</div>	

Full Name of Payee CONSOLIDATED MAILING SERVICES		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 504 SHAW RD SUITE 206		Amount 29.61	
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.56592
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: WV	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee CONSOLIDATED MAILING SERVICES		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 504 SHAW RD SUITE 206		Amount 88.31	
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.56593
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate RONALD HAROLD JOHNSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: WI	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	117.92
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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		M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	

Full Name of Payee DIRECT SUPPORT SERVICES INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 7409.71	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56579
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		143761.45	

Full Name of Payee DIRECT SUPPORT SERVICES INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 71.92	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56594
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate THOMAS EARL JR. EMMER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		3205.86	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7481.63
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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		M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	

Full Name of Payee DIRECT SUPPORT SERVICES INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 13.72	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56599
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate RYAN K ZINKE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		3081.39	

Full Name of Payee DIRECT SUPPORT SERVICES INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 24.44	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56603
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate BENJAMIN E SASSE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
		2721.98	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	38.16
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		MM / DD / YYYY 06 / 15 / 2016	

Full Name of Payee DIRECT SUPPORT SERVICES INC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 18.36	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56607
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2016	
Name of Federal Candidate KELLY A AYOTTE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1826.77	

Full Name of Payee DIRECT SUPPORT SERVICES INC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 156.50	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56611
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2016	
Name of Federal Candidate ROB PORTMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		2122.25	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	174.86
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	

Full Name of Payee DIRECT SUPPORT SERVICES INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 176.47	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56615
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate PATRICK JOSEPH TOOMEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		2164.95	

Full Name of Payee DIRECT SUPPORT SERVICES INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 63.62	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56619
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate TIMOTHY E SCOTT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		27472.66	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	240.09
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	

Full Name of Payee DIRECT SUPPORT SERVICES INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 330.84	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56623
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate WILLIAM HURD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 28912.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee DIRECT SUPPORT SERVICES INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 34.24	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56627
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought 27314.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	365.08
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	

Full Name of Payee DIRECT SUPPORT SERVICES INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 26.00	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56631
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		2761.67	

Full Name of Payee DIRECT SUPPORT SERVICES INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 77.54	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56635
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate RONALD HAROLD JOHNSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1953.34	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	103.54
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		MM / DD / YYYY 06 / 15 / 2016	

Full Name of Payee DSSI		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 1112.15	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56580
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		144873.60	

Full Name of Payee DSSI		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 10.79	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56596
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2016
Name of Federal Candidate THOMAS EARL JR. EMMER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		3216.65	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1122.94
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		MM / DD / YYYY 06 / 15 / 2016	

Full Name of Payee DSSI			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2016		
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 2.06		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56600		
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2016		
Name of Federal Candidate RYAN K ZINKE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MT		
Calendar Year-To-Date Per Election for Office Sought		3083.45	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee DSSI			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2016		
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 3.67		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56604		
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2016		
Name of Federal Candidate BENJAMIN E SASSE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NE		
Calendar Year-To-Date Per Election for Office Sought		2725.65	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5.73
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	

Full Name of Payee DSSI		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 2.76	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56608
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate KELLY A AYOTTE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1829.53	

Full Name of Payee DSSI		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 23.49	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56612
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate ROB PORTMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		2145.74	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	26.25
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	

Full Name of Payee DSSI		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 26.49	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56616
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate PATRICK JOSEPH TOOMEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		2191.44	

Full Name of Payee DSSI		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 9.55	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56620
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate TIMOTHY E SCOTT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		27482.21	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	36.04
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	

Full Name of Payee DSSI		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 49.66	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56624
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate WILLIAM HURD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		28962.04	

Full Name of Payee DSSI		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 5.14	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56628
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		27319.52	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	54.80
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	

Full Name of Payee DSSI		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 3.90	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56632
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		2765.57	

Full Name of Payee DSSI		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 11.64	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56636
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate RONALD HAROLD JOHNSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1964.98	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	15.54
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 19 OF 30
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	

Full Name of Payee FORTH RIGHT STRATEGY INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 4763.39	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56581
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	
		149636.99	

Full Name of Payee FORTH RIGHT STRATEGY INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 46.23	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56597
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate THOMAS EARL JR. EMMER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	
		3262.88	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	4809.62
(b) SUBTOTAL of Unitemized Independent Expenditures ►	
(c) TOTAL Independent Expenditures..... ►	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	

Full Name of Payee FORTH RIGHT STRATEGY INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 8.82	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56601
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate RYAN K ZINKE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 3092.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee FORTH RIGHT STRATEGY INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 15.71	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56605
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate BENJAMIN E SASSE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought 2741.36		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	24.53
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	

Full Name of Payee FORTH RIGHT STRATEGY INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 11.79	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56609
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate KELLY A AYOTTE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1841.32	

Full Name of Payee FORTH RIGHT STRATEGY INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 100.61	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56613
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate ROB PORTMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		2246.35	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	112.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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(Schedule E)PAGE 22 OF 30
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	

Full Name of Payee FORTH RIGHT STRATEGY INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 113.45	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56617
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate PATRICK JOSEPH TOOMEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		2304.89	

Full Name of Payee FORTH RIGHT STRATEGY INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 40.90	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56621
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate TIMOTHY E SCOTT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		27523.11	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	154.35
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 23 OF 30
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 06 / 15 / 2016

Full Name of Payee FORTH RIGHT STRATEGY INC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2016
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 212.69
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Transaction ID : SE.56625 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2016
Name of Federal Candidate WILLIAM HURD	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 29174.73		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee FORTH RIGHT STRATEGY INC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2016
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 22.01
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Transaction ID : SE.56629 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2016
Name of Federal Candidate MIA LOVE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought 27341.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	234.70
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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09 / 20 / 2016

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(Schedule E)PAGE 24 OF 30
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	

Full Name of Payee FORTH RIGHT STRATEGY INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 16.72	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56633
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		2782.29	

Full Name of Payee FORTH RIGHT STRATEGY INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 49.84	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56637
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016
Name of Federal Candidate RONALD HAROLD JOHNSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		2014.82	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	66.56
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	

Full Name of Payee LEGACY LIST MANAGEMENT INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 927.91	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56582
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		150564.90	

Full Name of Payee LEGACY LIST MANAGEMENT INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 9.00	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56598
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate THOMAS EARL JR. EMMER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		3271.88	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	936.91
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	

Full Name of Payee LEGACY LIST MANAGEMENT INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 1.72	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56602
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate RYAN K ZINKE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		3093.99	

Full Name of Payee LEGACY LIST MANAGEMENT INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 3.06	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56606
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate BENJAMIN E SASSE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
		2744.42	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4.78
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	

Full Name of Payee LEGACY LIST MANAGEMENT INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 2.30	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56610
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate KELLY A AYOTTE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1843.62	

Full Name of Payee LEGACY LIST MANAGEMENT INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 19.59	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56614
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate ROB PORTMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		2265.94	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	21.89
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

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09 / 20 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 28 OF 30
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	

Full Name of Payee LEGACY LIST MANAGEMENT INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 22.10	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56618
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate PATRICK JOSEPH TOOMEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		2326.99	

Full Name of Payee LEGACY LIST MANAGEMENT INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 7.97	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56622
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Name of Federal Candidate TIMOTHY E SCOTT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		27531.08	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	30.07
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

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09 / 20 / 2016

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 29 OF 30
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	

Full Name of Payee LEGACY LIST MANAGEMENT INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 41.43	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56626
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016
Name of Federal Candidate WILLIAM HURD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		29216.16	

Full Name of Payee LEGACY LIST MANAGEMENT INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 4.29	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56630
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2016
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		27345.82	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	45.72
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 30 OF 30
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 06 / 15 / 2016

Full Name of Payee LEGACY LIST MANAGEMENT INC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2016
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 3.26
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Transaction ID : SE.56634 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2016
Name of Federal Candidate ALEXANDER XAVIER MOONEY		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
		2785.55

Full Name of Payee LEGACY LIST MANAGEMENT INC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2016
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 9.71
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Transaction ID : SE.56638 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2016
Name of Federal Candidate RONALD HAROLD JOHNSON		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
		2024.53

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	12.97
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	25690.29

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

MM / DD / YYYY
09 / 20 / 2016

Signature